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TREASURE STATE HEALTH

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Vol. 31, No. 4 July-August, 1982 MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Montana Health Care Costs Jump to $686.6 Million, But Per Person Expenditure Far Less Than National

Montanans spent $686.6 million for health care last year, 16.3 percent more than the $590.5 million total for 1980 and outstripping the national rate of increase, which was 15.1 percent.

However, on a per capita basis, Montanans spent $866 while health spending nationally figured out to $1,225 per person.

Differing methods of accumulating and presenting the figures make it impossible to determine if the wide per capita variance means Montanans are that much healthier and require less care, get more care for their health dollar, or determine their total costs differently.

Nevertheless, Montana's per capita expenditure also was up a substantial 15.3 percent over 1980's state per capita cost of $751.

The Montana figures are provided in a report compiled by Albert Niccolucci of the health planning and resource development bureau in the hospital and medical facilities division of the Department of Health and Environmental Sciences.

The rapidly accelerating Montana health care expenditures added emphasis to warnings sounded in public remarks earlier this year about astounding cost increases by both Gov. Ted Schwinden and Dr. John J. Drynan, director of the state's health department.

• Hospital costs topped both state and national lists, accounting for 39.7 percent of Montanans' costs and 41.2 percent of national costs. Montanans' $272.5 million expenditure in this category represented $344 per person and the national expenditure of $118 billion for hospital care equalled $515 per person.

• The second largest category of health care expenditures for Montanans was $99 million, or 14.4 percent of the total, for nursing and home health care. Nationally the figure was $24.2 billion, only 8.4 percent of the total and third largest category. It is one of the few areas more costly per capita for Montanans at $125 each than the national per person expenditure of $106.

• Physicians' services, representing $54.8 billion of the $286.6 billion national total, or 19.1 percent, were the third highest category in Montana at $91.9 million, or 13.4 percent of the total costs. Per capita it was $239 nationally and less than one-half that or $116 for the state.

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• Dental services, at $17.3 billion nationally and $41.3 million in Montana, represented an even 6 percent of the total costs in each case. But only the percentages were even, and again on the national basis per capita was much higher at $75 than the state's $52.

• In government public health expenditures, Montana was at its widest variance with the national picture. While the nation spent $7.3 billion, only 2.5 percent of its total, and just $32 per capita, Montana spent $50.8 million, nearly three times the national percentage at 7.4, and double the per person ratio at $64 each.

The major contributor to that discrepancy is Montana's significant Indian population and U.S. Public Health Service funding of the Indian Health Service which represents nearly one-half of the state's expenditures in that category.

The remainder of Montana's health care expenditures for 1981 by type, amount and percentage of the total are other professional services, including eyeglasses and appliances, $36.6 million, 5.3 percent; drugs and drug sundries, $42.2 million, 6.1 percent; other health services, $16.5 million, 2.4 percent; and expenses for prepayment and administration, $35.8 million, 5.2 percent.

When it comes to the source of funds to provide for these health care expenditures, Montanans pay $411.2 million, or 59.9 percent of the $686.6 million total, with private funds, which is $519 per capita.

Nationally, $164.1 billion, or 57.3 percent of the $286.6 billion total, is paid by private funds, which is $716 per capita.

Niccolucci defines private funds as direct payment, out-of-pocket expenses paid directly by the patient, exclusive of third party reimbursements; health care contractors and commercial insurance, which includes health insurance premium income reported by Blue Cross, Blue Shield and private companies to the state commissioner of insurance; and, philanthropy and industry monies.

Public funds are the source of $275.4 million, or 40.1 percent of Montana's total, and that is $347 per capita. Nationally, public funds provide $122.5 billion, or 42.7 percent of that total, and $534 per person.

The largest portion of public funding, by a substantial margin over other sources, comes from Medicaid and Medicare, providing $170.4 million, or 24.8 percent, of Montanans' public funds, and $76.1 billion, or 26.5 percent, nationally.

Other sources listed for public funds in Niccolucci's report are worker's compensation, U. S. Department of

(Continued on page 7)

Warning Given On Combining Foods, Drugs

It has become increasingly important for patients to ask their doctor and/or pharmacist for specific instructions on how and when to take drugs, whether prescribed or over-the-counter medications.

Thousands of people suffer adverse reactions, lose the full benefit of the drugs they take, or develop nutrient deficiencies because of dangerous drug-food combinations, or poor timing.

Certain drugs used to counter depression and lower blood pressure can result in soaring blood pressure and stroke when combined with foods containing tyramine. These include such foods as aged cheese, sausage, chocolate, sour cream and yogurt.

Anticoagulants lose effectiveness when combined with foods rich in vitamin K.

Antibiotics and aspirin should not be taken in conjunction with acidic foods.

Diuretics, when consumed with foods rich in monosodium glutamate, can lead to dangerous levels of water loss. Persons taking diuretics on a regular basis should increase consumption of foods rich in potassium.

Phenacetin, a painkiller, can be partially inactivated by brussel sprouts and cabbage, or charcoal-broiled foods.

Patients should, as a matter of course, inform their doctor of any medications they are taking of which he may not be aware. Drugs can interact with each other adversely, also.

Proposed Food Labeling Rules Focus on Salt, Sodium Intake

The federal government has proposed new food labeling rules designed to help consumers — especially the 60 million Americans with high blood pressure — reduce their salt and sodium intake.

In the announcement by U.S. Department of Health and Human Services Secretary Richard S. Schweiker and Food and Drug Administration Commissioner Arthur Hull Hayes, Schweiker said, "By providing uniform and easier to understand information about sodium, these proposals reflect our emphasis on educating the public so they can make wise food choices.

Nutrition labeling is required by FDA if a processor adds nutrients to a product or makes nutritional claims about it. Many manufacturers voluntarily place nutritional information on foods and about 40 percent of processed food labels now provide detailed nutrition labeling.

Since Schweiker's department launched a sodium program last year, many manufacturers voluntarily added sodium information to food labels, and FDA estimates more than one-third of the processed foods it regulates will have voluntary sodium labeling within a year, compared to only 13 percent in 1981.

In addition, several manufacturers are marketing or considering marketing foods lower in sodium and some are conducting sodium education programs.

Hayes predicts the proposed regulations will do much to help Americans reduce their salt and sodium intakes.

The regulations define under what conditions manufacturers may use the terms "sodium free," "low sodium," "reduced sodium," and "moderately low sodium" on product labels. Basically, the regulations define maximum levels of sodium content per serving to be contained in a product when certain claims are made on the label.

The proposed regulations also provide for product comparative statements as long as the sodium reduction is at least 10 percent. A label could say, for example, "This product contains 25 percent less sodium than our regular product." Also permitted would be the use of the terms "unsalted," "without salt added," and "no salt added," when no salt has been added during the processing of the food and when the product substitutes for another food that normally is processed with salt. When these terms are used on the label, sodium content also must be listed.

While nutrition labeling would have to include a sodium listing under the proposed rules, manufacturers could continue to make salt and sodium statements on labels without triggering full nutritional labeling requirements.

It also is being recommended that potassium content be listed in nutrition labeling because people with kidney and other diseases who must control their sodium intake also must control their potassium intake. And, because potassium often is used in place of sodium by people who must reduce their sodium intake to help treat high blood pressure and related health problems.

Federal officials noted foods that could be labeled "sodium free" include many fresh fruits, cereal grains, pasta, vegetable oils, most unsalted nuts, unsalted butter, margarine and sugar, coffee and tea.

Foods which could be labeled "low sodium" include most fresh and frozen vegetables, and some crackers and cookies. Foods which could be labeled "moderately low sodium" include many breads, ice cream and ice milk products, as well as fish, meat and poultry.

Salt is 40 percent sodium and a teaspoon of salt contains 2,000 milligrams of sodium.

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1981 Health Care Expenditures Total $287 Billion; Reach $1,225 Per Person for Record Share of GNP

Americans spent $287 billion for health care last year, representing a record 9.8 percent of the gross national product, according to a report by the New York Times News Service from Washington, D.C.

Quoting the U.S. Department of Health and Human services, the report said health spending from all sources, including government agencies and private insurance companies, averaged $1,225 per person.

The department's annual survey of health expenditures went on to say that of that amount, $524, or 42.8 percent, was spent by federal, state and local governments.

Authors of the report, Robert M. Gibson, a statistician, and Daniel R. Waldo, an economist, emphasized, "The most notable aspect of health care spending in 1981 was its rapid, sustained rate of growth.

"The 9.8 percent share of the gross national product was a dramatic increase from the 8.9 percent share seen just two years earlier."

(The gross national product — GNP — measures the total output of goods and services in the economy.)

Health expenditures, both in absolute terms and as a percentage of the GNP, have been increasing steadily since 1965, when Congress created Medicare and Medicaid to help finance medical care for the elderly and the poor.

While the GNP increased 11.4 percent from 1980 to 1981, total health expenditures, both public and private, soared 15.1 percent.

And, while the consumer price index for all items increased 8.9 percent last year, the smallest annual increase since 1977, the cost of medical care, according to the U.S. Bureau of Labor Statistics, jumped 12.5 percent. It was the largest increase since the federal government began reporting on medical costs in 1935!

The report also noted the 15.1 percent increase in overall health expenditures last year and a 15.8 percent increase in 1980 were the largest in 15 years, substantially more than the 13.9 percent increase averaged in the previous five years.

Waldo attributed 70 percent of last year's increase to price inflation, 10 percent to the increase in population, and 20 percent to the aging of the population, because the elderly use health care more extensively.

- Expenditures for hospital care last year were $118 billion, or nearly four times as much as in 1971.
- Expenditures for physician services totaled $54.8 billion, or nearly 3.5 times the amount spent a decade earlier.
- Nursing home care cost $24.2 billion in 1981, or 4.3 times the amount spent for such care in 1971.

In each of those three categories, outlays more than doubled between 1975 and 1981.

Federal, state and local government funds accounted for 54 percent of all spending on hospital care, 27 percent of all spending on physician services, and 56 percent of all expenditures for nursing home care in 1981.

According to the Gibson-Waldo report, government programs spent $103 billion and provided 40.4 percent of personal health care spending in 1981. Federal funds provided $75 billion, more than two-thirds of the public outlay, and state and local governments provided the remaining $28 billion.

Medicare and Medicaid expenditures together totaled $76.1 billion and Medicare outlays, at $44.8 billion, were 21.5 percent greater than a year earlier. Medicaid, in 1981, cost $31.3 billion in federal and state funds.

National newspaper columnist Sylvia Porter, often quoted on her economic and financial opinions, commented earlier this year on the "astounding" percentage of GNP going to health care costs:

"For more than a decade, through various regulatory measures at every level of government, efforts have been made to curb the spiral in our health care costs,

"Some so-called certificate of need measures have been aimed at limiting the supply of expensive hospital beds and otherwise reducing the costly duplication of hospital facilities and equipment.

"Other measures have tried to control unnecessary hospital admissions, lengths of stay and procedures through the use of Professional Standards Review Organizations (PSRO) or physician-monitoring committees.

"Still others have been targeted at limiting payments to hospitals and physicians, with the purpose of holding increases in charges and fees to levels more closely parallel to increases in the general cost of living.

"Although these measures have had some impact in holding down costs, their results overall have not been impressive," Porter concluded.

It was against this background that Porter reported an "unprecedented" major private effort to curb health care costs, the Robert Wood Johnson Foundation announcing it would award $16.2 million to help as many as 12 of the nation's communities initiate innovative approaches to providing quality care more efficiently and economically.

That program, now underway, is cosponsored by the American Hospital Association and the Blue Shield and Blue Cross associations.

If the foundation's Community Programs for Affordable Health Care are successful, says Dr. David E. Rogers, president of Robert Wood Johnson Foundation, 1982 could mark "the beginning of an historic turning point in the long battle to hold down costs."

Master's Degree Program Open At Washington

The extended master of public health degree program at the school of public health and community medicine, University of Washington, is accepting applications for admission for the 1983-84 academic year.

The program is designed for mid-career health professionals employed in the field of public and community health. The three-year curriculum leading to the MPH degree in community health is pursued concurrently with full-time employment.

The program combines month-long, on-campus summer sessions in Seattle for three consecutive summers with independent, directed study and intensive weekend seminars (4-5) during the academic year. The program of study provides the equivalent of a major in community health services and a minor in health program administration.

The deadline for receipt of applications and priority consideration is Nov. 1.

Individuals interested in further information and/or application materials should contact: Extended MPH Degree Program SC-37, School of Public Health and Community Medicine, University of Washington, Seattle, WA 98105.

Van Prepared For Hazardous Spills, Fires

Personnel from various bureaus within the Department of Health and Environmental Sciences will be equipped, trained and ready to respond to any hazardous waste spills or fires in Montana within a few weeks.

A van containing protective clothing, air tanks, gas masks, absorbent blankets and pads, sleeping bags and other necessary equipment will be ready to roll when SDHES is notified of hazardous waste accidents which are potential threats to the public.

A few items of necessary equipment are still on backorder, including a trailer to carry items which will not fit in the van, but the unit should be completed within the next two months.

The van is stored at the National Guard Armory in Helena.

Measles Spots Disappearing Into Sharpener

Measles spots are disappearing into pencil sharpeners in San Francisco as the result of a brainstorm by Bonnie Barnett, public health nurse and immunization project coordinator for the city's department of health.

Barnett designed a pencil with white background and red dots, large and numerous at the bottom of the pencil but tapering off toward the eraser.

As the pencil is sharpened, the "measles" spots gradually disappear, reinforcing the message on the pencil to "Help Eliminate Measles." Another message asks the pencil users to "Report measles to your local health department."

Barnett said she chose pencils for the message vehicle because, "People don't throw away pencils and, if they're lost, they probably still are in circulation somewhere."

The pencils, which cost $180 per thousand, are distributed to schools, health fairs, and persons calling the health department for immunization information.

Among warning signs which might indicate severe depression are undue, prolonged anxiety, withdrawal from friends and family, loss of appetite or compulsive overeating, chronic fatigue, and loss of sexual interest.

Health Calendar Events

Date	Event	Location	Sponsors
September			
23-24	Advanced Cardiac Life Support Instructor Course	Fairmont	MHA
23-26	Forum for Death Education and Dying	San Diego, CA	Forum for Death Education & Counseling
24-25	14th Annual Governor's Conf. on Aging	Butte	SRS
27-28	Governor's Conf. on Meeting Montana's Health Care Needs	Helena, Colonial Inn	SHCC
30/10-2	Burn Symposium	Billings	St. Vincent Hospital
October			
2	Diabetes Seminar 1982	Great Falls	ADA Mont. Affiliate
6-8	Health Promotion, YMCA Directors	Fairmont	YMCA
6-8	MT Nurses' Assn. Annual Convention	Missoula	MNA
14-15	American Assn. on Mental Health Deficiencies Annual Conference	Billings	AAMHD, Reg. IV
14-16	Montana LPN Assn. Meeting	Sidney	MLPNA
15-16	Hospital Trustee Seminar "Liabilities of Governing Bodies"	Bozeman	MT Heart Assn.
25-26	Making Health Promotion Work	Sidney	SDHES

Dr. Richard Selvaggi —photo by George Lane
Helena Independent Record

State's Family Practice Unit Attracts Alabaman as Trainee

Richard Selvaggi, M.D., came from Alabama to spend the month of August working out of St. Peter's Community Hospital in Helena as the first resident trainee in a program unique to Montana.

It is designed to acquaint young doctors with the practice of medicine in rural areas and interest them in setting up a permanent practice in such areas — especially in Montana.

Montana Family Practice Satellite Unit Program, Inc., is an outgrowth of the primary health care grant program of the Old West Regional Commission, in which each of the six states involved were offered "startup" money to develop one health program of particular benefit to its residents, working in concert with the U.S. Department of Health and Human Services.

Ten other Montana hospitals have shown interest in the program. Second and third year resident physicians will be getting one to two months training in Sidney, Havre and Choteau this fall.

Trainees must be licensed physicians and agree to abide by Montana laws governing medical practices. They will be under the supervision of board-certified family physicians.

The satellite unit (hospital) agrees to pay the residents a salary, furnish housing, transportation costs, a temporary license and malpractice insurance. The hospital is reimbursed for these expenses through Medicare/Medicaid payments and patient fees.

Statistics have shown more than 70 percent of residents set up private practice in the area where they finish their post graduate training.

Since Montana has no medical school, and has little chance of having one in the near future, the program was conceived as one way to offset this disadvantage.

Originally the plan was to have a "free-standing" training center, but this proved to be impractical, and the multi-unit concept was developed.

The visiting residents are given the opportunity to choose the area where they would prefer to work. Under supervision of local doctors, they get firsthand experience in all phases of family practice and the "whole person" approach to health care.

According to Newell Anderson, administrative assistant for human resources in Gov. Ted Schwinden's office, the original program grant was $166,529 received Aug. 1, 1980.

He said costs of developing and implementing the program to date have totaled approximately $100,000.

Doctor Gives Impressions Of His Stay

Richard Selvaggi, M.D., (left) first to take advantage of the Montana Family Practice Satellite Unit program, was impressed favorably with the doctors, hospital and learning opportunities associated with his month in Helena.

Selvaggi is a graduate of the University of Texas Medical School, and is beginning his third year of post graduate, or residency, training at the Baptist Memorial Hospital in Gadsden, AL.

One reason Selvaggi was eager to take part in the program was that his wife, Tina, is a Billings native, and they would be able to spend a month here, rather than a few days afforded by the usual vacation.

Dr. Selvaggi also mentioned the convenience of available housing, not usually offered in other training programs.

Two things which impressed him were the differences between working with doctors in private practice and those in a medical training center, and the number of conferences necessary between private practitioners.

He said all the doctors he worked with in Helena gave him only good examples to follow, and would be excellent teachers anywhere.

Selvaggi hopes to set up private practice in a small town, but one large enough to allow his wife to practice as an occupational therapist.

Continuation of the program beyond 1983 will depend on the amount of interest shown by Montana hospitals and residents, and how successful the program is in recruiting new doctors to the state.

Marshall Cook, Bozeman, who conceived the program idea, is executive director of the nonprofit corporation, and Tom Norris, M.D., Helena, is president.

Others on the board are Anderson and John Drynan, M.D., director of the Montana Department of Health and Environmental Sciences, representing the Governor; Mark Johnson, M.D., Choteau, and John McMahon, M.D., Helena, representing the Montana Medical Association; Dr. Norris and James Beggs, M.D., Havre, representing the Montana Academy of Family Physicians; and Ken Rutledge and Howard Purcell, both of Helena, representing the Montana Hospital Association.

— INDICATORS —

Arthritis—Benoxaprofen, marketed under the trade name of Oraflex in the United States since May, has been withdrawn from the market by Eli Lilly and Company, pending further investigation in to the possible toxic reactions to the drug, mainly among elderly patients. Benoxaprofen was prescribed to reduce joint destruction for people with rheumatoid arthritis and osteoarthritis. Use of the drug has been associated with 61 deaths in Great Britain and 11 in the United States, although it has not been proven it caused these deaths.

Herpes—Herpes simplex virus, the cause of venereal disease, can remain infectious for hours on toilet seats, gauze, towels and other objects, according to research conducted at the University of California. The virus, previously thought to die quickly when exposed on dry surfaces, was found to last from one and a half to four hours on a toilet seat, and up to 72 hours on cotton gauze. Dr. Trudy Larson warns herpes victims and those in contact with them to take extra hygienic precautions to decrease risk of transmission. Common household chlorine bleach or a 70 percent alcohol solution kills the virus.

Sodium—Keebler Company President Thomas M. Garvin announced plans to begin labeling all Keebler products to denote sodium content, and to examine existing products and develop new ones to reduce sodium content. Keebler manufactures crackers, cookies and snack products.

Diet, Behavior Linked—"You can affect your mood and behavior by the foods you eat," says Dr. Brian Morgan, an assistant professor at Columbia University's Institute of Human Nutrition. Morgan postulates that low levels of neurotransmitters such as acetylcholine, serotonin and norepinephrine can affect memory, feelings of hunger and depression, and blood pressure changes.

Cancer—A combination heat-drug treatment being used experimentally at a number of research centers, restricted to patients who failed to respond to conventional treatments, shows promise of killing cancer cells. Flagyl, the drug, seems to increase effectiveness of both radiation and heat against cancer cells.

Oral Contraceptives—Women who have used oral contraceptives are approximately half as likely to develop ovarian and endometrial cancer as women who have never used them and, despite previous concerns, contraceptive use does not appear to increase a woman's risk of breast cancer according to an article in the Centers for Disease Control's "Morbidity and Mortality Weekly Report." These findings are based on a study using population-based cancer registries in 8 geographic regions identifying women 20-54 years old with newly diagnosed breast, ovarian or endometrial cancer. Controls were women from the same areas without known cancer. The protective effect of oral contraceptive use against ovarian cancer persisted more than 10 years after pill use was discontinued. Protective effects of combined oral contraceptives containing both an estrogen and a progestin was greater than those who used sequential contraceptives, and appears to be restricted to women who have used them for one year or longer.

Genetic Research—University of California-San Diego Medical School researchers announced they have isolated and copied a human gene which, when it malfunctions, produces severe retardation and causes its victims to mutilate themselves (Lesch-Nyhan syndrom). The isolated gene orders production of an enzyme called HPRT. The disease is carried by women, but afflicts only boys, causing them to gnaw off fingers and lips and snap at anyone coming near them. It occurs ony once in every 100,000 births.

Injections Hit Fat, Not Muscle—Researchers using CT scans to measure depth of fat on adult buttocks have concluded most injections intended to reach the gluteus muscle miss their mark, and go into fat instead. The standard needles used for injections are only 1.4 inches long. The average fat layer in women 30-40 years of age is 2.6 inches, and in men it is 1.5 inches.

Cystic Fibrosis Test—Development of a simple test which could lead to detection of cystic fibrosis shortly after birth has been announced by Medtronic, Inc. The illness, which strikes about one of every 1,000 babies born in the United States, is often not detected for several months, and by then the lung disorder has caused permanent damage. More testing of the method is planned.

Endometriosis, the Career Woman's Disease—Recent studies indicate women possessing certain personality traits are more prone to endometriosis — professional women who have demanding jobs, but no children. The disease can be fatal and is often misdiagnosed. Incidence seems to show a direct correlation to lack of pregnancy or childbirth. The first symptom is increased pelvic pain prior to menstruation, followed by other symptoms which may include severe cramps, painful intercourse and inability to conceive. Pregnancy cures the disease, and milder cases have been successfully treated by using hormones to create a temporary menopausal state. Definitive confirmation of endometriosis can only be accomplished by a laparoscopy.

Winter Depression Reduced by Bright Light—A daily regimen of exposure to bright artificial light lifts the mood of some depressed patients who suffer from seasonal disturbances, according to a recent report of National Institute of Mental Health investigators. The hypothesis and treatment evolved from studies of seasonal rhythms in animals, epidemiological research on depression and other research findings which have long recognized seasonal patterns of mental disorders and suicide rates. Persons who experience winter depression represent a distinct subgroup.

FDA Approves Bifocal Soft Contact Lens

The Food and Drug Administration announced its first approval of a bifocal soft contact lens, product of the vision care division of Ciba-Geigy Corp., Atlanta, GA. It will be marketed under the name bi-soft hydrophilic contact bifocal lens.

The lenses, indicated for daily wear, are made of a polymerized plastic and are almost 40 percent water. The lenses are circular with a focus for distance in the center and for closeup vision around the outside.

Hard contact lenses were first developed in the United States in the 1930s. The first lenses were made from a rigid plastic, but they were difficult to adjust to for most people.

In 1950, hard bifocal lenses were introduced, but never became popular. Single vision soft lenses were introduced in 1971.

Hepatitis B Vaccine Now Available

Hepatitis B vaccine is now available in Montana, through Merck, Sharp and Dohme. The vaccine has shown 80 to 95 percent efficacy in preventing infection or hepatitis among susceptible persons, and side effects have been limited to soreness and redness at the injection site.

The vaccine is not recommended for general, population-wide use because it is expensive, and production time precludes a sufficient supply at this time.

It is recommended only for people at high risk of acquiring the disease, such as health care workers, institutionalized mentally handicapped patients, laboratory workers, hemodialysis staff workers and patients, homosexually active males, illicit injectable drug users, recipients of certain blood products, inmates of long-term correctional facilities, household and sexual contacts of HBV carriers, and special high-risk populations. Infants born to HBsAg-Positive mothers should also be given post-exposure vaccinations.

This is the first completely new viral vaccine developed in 10 years, and the first ever licensed in the United States that is made directly from human blood, according to Arthur Hull Hayes, Jr., M.D., U.S. Food and Drug Administration commissioner.

Montana has had only 4 confirmed cases of hepatitis B from January 1 through July 31 of this year, as compared with 16 cases during the same period in 1981.

However, in the United States as a whole there are from 200,000 to 300,000 new infections each year resulting in 100 to 200 deaths; and a reservoir of 400,000 chronically infected carriers.

Vaccination requires three shots, the second to be given a month after the first, and the third to be given six months after the second. A booster shot in five years is recommended. Estimated cost of each shot is $30.

(Continued from page 1)

Defense, Veterans Administration, state general hospitals and medical, and other health and government delivery.

Niccolucci explained that the per capita expenditure for health care does not include out-of-state expenditures for services delivered to Montana residents.

Officials Re-emphasize Value Of Whooping Cough Vaccine

Federal and state officials are emphatically re-asserting that the value of pertussis (whooping cough) vaccine far outweighs any risk of a neurological reaction to the shot.

A network television show last spring and a recent article in "Family Weekly" have alarmed many parents about the risks of administering the vaccine to their children

The vaccinations are among those required for children enrolling in schools in Montana, as well as in most other states.

Frequency and severity of adverse reactions to the vaccine is disputed. Mild reactions, such as fever, pain and swelling are not unusual. Studies in various countries indicate one in 700 children receiving the vaccine might go into shock or convulsions, and that serious brain damage occurs in 1 of every 50,000 recipients. Many scientists believe these studies are not conclusive evidence.

However, the disease itself can also cause serious, sometimes fatal health problems, and there is no specific treatment for pertussis.

Dr. Vincent Fulginiti of the American Academy of Pediatrics says Britain's experience, following a decline in use of pertussis vaccine, should be a warning to America. "That country has suffered an epidemic of more than 100,000 cases of whooping cough and 28 deaths."

Stanley Matek, president of the American Public Health Association, wrote to "Dear Abby" recently: "Forty years ago the United States averaged 265,000 whooping cough cases with about 7,000 deaths per year. Thanks to routine immunizations, we now average only 3,000 cases annually with 5 to 20 deaths."

Rick Nelson, supervisor of the Department of Health and Environmental Sciences' immunization program, reports Montana has averaged only 8 confirmed cases of whooping cough annually over the past five years.

Health officials recommend children be observed carefully for unusual side effects after each vaccination, and if they appear, the physician or clinic should be notified.

'Top Ten' Product Hazards Named by Safety Commission

The U. S. Consumer Product Safety Commission announced its top 10 product hazard priorities for fiscal year 1983.

Chain Saws—CPSC estimates there were over 123,000 injuries and 50 deaths resulting from use of chain saws in 1981—nearly one-fourth of these injuries came from "kickback."

Smoldering Fires in Furniture and Bedding—An annual total of 80,000 fires of this type result in 2,000 deaths and 9,500 injuries.

Children's Exposure to Carcinogens—Various rubber and plastic children's products might contain carcinogenic substances.

Heating Equipment Fires—An estimated 850 deaths and 8,700 injuries per year result from heating equipment fires.

Smoke Detectors—CPSC will work with other agencies to promote wider use of smoke detectors in private homes.

Formaldehyde in Pressed Wood Products—Acute and chronic illnesses due to formaldehyde emissions may be reduced by developing voluntary or mandatory standards and informing the public as to remedial action.

Ingestion of Drugs by Children—Commission will work with state pharmacy boards and medical students to increase awareness of hazards, and improve child-resistant containers of prescription drugs.

Fuel-Fired Appliances—CPSC will evaluate and try to reduce exposure to indoor air hazards of kerosene and gas space heaters and other fuel-fired appliances.

School Laboratory Chemicals—CPSC will increase awareness of potential chemical hazard and try to find substitutes for hazardous chemicals used in schools now.

Dual Purpose Closures—Commission will collect and evaluate data on accidental childhood ingestion of substances packaged with dual purpose closures, which can be converted to either a child-resistant or conventional package.

Flu Vaccine Recommendations Unchanged From 1981-82 Season

Recommendations for specific antigens and their potency in influenza vaccine for the 1982-83 flu season are the same as those for 1981-82, according to the U.S. Public Health Service. The dosages will provide protection against A/Bangkok, A/Brazil and B/Singapore.

Adults and children 13 or older will require only one dose. Children under 13 should receive two doses, unless they have received at least one of the vaccines recommended for use from 1978 to 1982, in which case only one dose is required.

The vaccines will be available as whole virion or subvirion preparations. The subvirion vaccines are recommended for children under 13, as they have been associated with fewer side effects in this age group than the whole virus vaccine.

Annual vaccination is strongly recommended for all persons who are at increased risk of adverse consequences from infections of the lower respiratory tract. All those with acquired or congenital heart disease, chronic pulmonary disorders, chronic renal disease, diabetes mellitus, chronic severe anemia, or conditions which compromise the immune mechanism, and all persons over 65.

Amantadine hydrochloride, an antiviral drug, while not a substitute for vaccine, may help prevent type A influenza in certain high-risk persons who need protection during an influenza outbreak, but who have not been vaccinated. Use of amantadine must be ordered and monitored by a physician.

The Department of Health and Environmental Sciences no longer supplies vaccine to local health departments or physicians. Vaccine must be ordered directly from drug suppliers, and most of the larger local health departments have made arrangements to keep an adequate supply on hand for the area they serve. The vaccine is also available from physicians in private practice.

Drug Approval Merged

The U.S. Department of Health and Human Services and the Food and Drug Administration announced formation of the National Center for Drugs and Biologics within the FDA, through the merger of FDA's Bureau of Drugs and Bureau of Biologics, to streamline the process by which new drug applications are reviewed and approved.

Decisions for drug products with identical active ingredients in the same dosage forms and strengths as drug products already marketed—affecting more than 50 percent of the new drug applications which the FDA now reviews—will be delegated to division directors within the office of new drug evaluation.

High Mortality Can Be Traced To Lifestyles

"As much as 50 percent of mortality from the 10 leading causes of death in the United States can be traced to lifestyle," according to a report issued by the Institute of Medicine, National Academy of Sciences.

The report calls for a reordering of research interests to foster prevention, including more funding and better interdisciplinary cooperation and training within the bio-behavioral sciences.

The report is based on a series of conferences of more than 400 scientific experts.

Identified risk factors, such as smoking, drug and alcohol abuse, poor dietary habits, reckless driving, nonadherence to effective medication regimens, and lack of exercise have been proven to contribute to incidence of cardiovascular diseases, cancers, accidents, violence, diabetes, cirrhosis of the liver and respiratory diseases.

Experts claim an impressive change has occurred in the lifestyles of many people in the last 10 years, which should encourage further efforts toward prevention of illness.

"For instance, expenditures pertinent to alcoholism and mental illness are extremely modest compared with research funding for cancer and heart disease. Yet, the burden of illness in terms of human suffering and economic costs is comparable in all these cases," the report states.

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